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FORD/
ALLEN PK

6/7/91

APPENDIX FOR ECOLOGY & ENVIRONMENT, INC. HEALTH & SAFETY ACTIVITIES

Version 988

A. GENERAL INFORMATION

Project Title: Ford/Ecose Creek TDD #: 7059404 027
 PAN #: _____
 Project Manager: Herb Langer Project Dir: _____
 Location(s): 7000 Southfield Rd, Allen Park, MI 48101
 Prepared By: Herbert Langer Date Prepared: 4/26/94
 Approval By: Sandra L. Basham Date Approved: 4-20-94
 Site Safety Officer Review: _____ Date Reviewed: _____
 Scope/Objective of Work: DRP Excavation of contaminated soil. Activity is over site of DRP Contractor
 Proposed Date of Field Activities: April 20 / 1994
 Background Info: Complete ☒ Preliminary (No analytical [] data available)

Documentation/Summary:

Overall Chemical Hazard: Serious [] Moderate []
 Low ☒ Unknown []
 Overall Physical Hazard: Serious [] Moderate []
 Low ☒ Unknown []

B. SITE/WASTE CHARACTERISTICS

Waste Type(s):

Liquid ☒ Solid ☒ Sludge ☒ Gas/Vapor []

Characteristic(s):

Flammable/[] Volatile [] Corrosive ☒ Acutely Toxic []
 Ignitable

Explosive [] Reactive [] Carcinogen [] Radioactive* []

Other: _____

Physical Hazards:

Overhead [] Confined* [] Below [] Trip/Fall ☒
 Space Grade

Puncture [] Burn [] Cut ☒ Splash ☒

Noise ☒ Other: heavy machinery

*Requires completion of additional form and special approval from the Corporate Health/Safety group. Contact RSC or HQ.

Site History/Description and Unusual Features (see Sampling Plan for detailed description): the site is
Perry's - Engine Manufacturing Development Operates Regularly. A cleaning
contractor dumped floor sludge outside the building

Locations of Chemicals/Wastes: Contaminated Soil only. Excavation creek -
drains South + North of the facility

Estimated Volume of Chemicals/Wastes: 40 cu yds

Site Currently in Operation

Yes:

☒

No:

☐

C. HAZARD EVALUATION

List Physical Hazards by Task (i.e., drum sampling - explosion hazard, drilling - noise hazard, etc.) and number them. (Task numbers are cross-referenced in Section D)

Task/Physical Hazard Evaluation: 1. DRP Excavation averse site

2.

3.

4.

5.

6.

7.

8.

Chemical Hazard Evaluation:

Compound	PEL/TWA	Route of Exposure	Acute Symptoms	Odor Threshold	Odor Description
Alkaline Cleaners	Unknown	DA, IN, SK, IH	IR, CO, V	Unknown	Unknown

Note: Complete and attach a Hazard Evaluation Sheet for major known contaminant. Codes for C.H.E. below:

AB = ABDOMINAL PAIN
AC = ACHES
AN = ANEMIA
BV = BLURRED VISION
C = COUGHING
CD = CONTACT DERMATITIS
CP = CHEST PAIN
OTHERS:

DA = DERMAL ABSORPTION
DI = DIARRHEA
DS = DISTRESSED STOMACH
DP = DEPRESSION (CNS)
DR = DROWSINESS
DZ = DIZZINESS
H = HEADACHES
IH = INHALATION
IN = INGESTION
IRI = IR OF E/M/THROAT
IR = IRRITATION
E = EYES M = MOUTH
LC = LOSS OF CONSCIOUSNESS
N = NAUSEA

O = OCULAR
SB = SHORTNESS OF BREATH
SK = SKIN CONTACT
U = ULCERATION
V = VOMITING
W = WEAKNESS
RT = RESPIRATORY TRACT.

Site Name: Ford
Job No.: 2T2051
TDD/PAN: _____

SITE HISTORY (continued)

The material corroded the asphalt and concrete in the parking lot where it was dumped and caused pH in Goose Creek to rise in places above 11. The employees put down boms to stop migration of the material + reported to USGPA. They are expected to have a contractor dig up the soils and sediments starting April 20, 1994.

D. SITE SAFETY WORK PLAN

Site Control: Attach map, use back of this page, or sketch of site showing hot zone, contamination reduction, zone, etc.

Perimeter identified? ☒

Site secured? ☒

Work Areas Designated? ☒

Zone(s) of Contamination Identified? ☒

Personnel Protection (TLD badges required for all field personnel):

Anticipated Level of Protection (Cross-reference task numbers to Section C):

	A	B	C	D
Task 1				<input checked="" type="checkbox"/>
Task 2				
Task 3				
Task 4				
Task 5				
Task 6				

ifications:

Keep respirator on hand in case of DUST.

ction Levels for Evacuation of Work Zone Pending Reassessment of Conditions:

- o Level D: O₂ <19.5% or >25%, explosive atmosphere >10% LEL, organic vapors above background levels, particulates _____ mg/m³, other _____.
- o Level C: O₂ <19.5% or >25%, explosive atmosphere >25% LEL (California-20%), unknown organic vapor (in breathing zone) >5 ppm, particulates _____ mg/m³, other _____.
- o Level B: O₂ <19.5% or >25%, explosive atmosphere >25% LEL (California-20%), unknown organic vapors (in breathing zone) >500 ppm, particulates _____ mg/m³, other _____.
- o Level A: O₂ <19.5% or >25%, explosive atmosphere >25% LEL (California-20%), unknown organic vapors >500 ppm, particulates _____ mg/m³, other _____.

r Monitoring (daily calibration unless otherwise noted):

Contaminant of Interest	Type of Sample (area, personal)	Monitoring Equipment	Frequency of Sampling
Alkalinity	area	pH probe	As needed

ontamination Solutions and Procedures for Equipment, Sampling Gear, etc.:

Triple Rinse of equipment.

Personnel Decon Protocol: Discard PPE, Leave on site w/ permission

Decon Solution Monitoring Procedures, if Applicable: N.A.

Special Site Equipment, Facilities, or Procedures (Sanitary Facilities and Lighting must Meet 29 CFR 1910.120):

Rest rooms + Potable water available on site.

Site Entry Procedures and Special Considerations: Operating Facility. Stay alert to moving trucks + other equipment.

Limitations (time of day, weather conditions, etc.) and Heat/Cold Stress Requirements:

Work only during daylight hours

Spill Control, if applicable: N.A.

Investigation-Derived Material Disposal (i.e., expendables, decon waste, cuttings):

Leave on site w/ permission.

Material Handling Procedures Including Protective Wear:

N/AAL Gloves should be used when checking pH.

Team Member*

Responsibility

Herb Leinger
Jim Sgarigan

Team Leader

Site Safety Officer

entries into exclusion zone require Buddy System use. All E & E field staff participate in medical monitoring program and have completed applicable training per 29 CFR 1910.120. Respiratory protection program meets requirements of 29 CFR 1910.134, and ANSI Z88.2 (1980).

MEDTOX HOTLINE

Twenty-four hour answering service: (501) 370-8263

What to report:

- State: "this is an emergency."
- Your name, region, and site.
- Telephone number to reach you.
- Your location.
- Name of person injured or exposed.
- Nature of emergency.
- Action taken.

A toxicologist, (Drs. Raymond Harbison or associate) will contact you. Repeat the information given to the answering service.

If a toxicologist does not return your call within 15 minutes, call the following persons in order until contact is made:

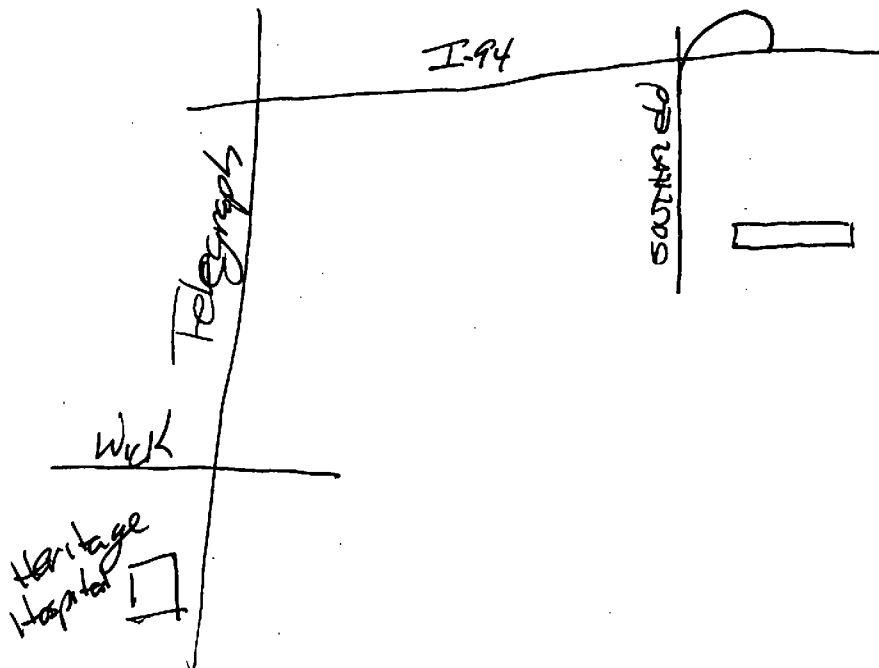
- 24 hour hotline - (716) 684-8940
- Corporate Safety Director - Paul Jonmaire - home * (716) 655-1260
- Assistant Corp. Safety Officer - Steven Sherman - home * (716) 688-0084

EMERGENCY ROUTES

(NOTE: Field Team must Know Route(s) Prior to Start of Work)

Directions to hospital (include map) Right on Southfield to I-94 West.
I-94 to Telegraph South. West side of Telegraph
Two blocks south of Wick Rd. 10,000 S. Telegraph
Taylor, MI 48150

Emergency Egress Routes to Get Off-Site West to Southfield Rd.



E. EMERGENCY INFORMATION

Use the following sheets, if necessary:

LOCAL RESOURCES

(Obtain a local telephone book from your hotel, if possible.)

Ambulance 911

Hospital Emergency Room 313-295-5651 Heritage Hospital

Poison Control Center 313-745-5711

Police (include local, county sheriff, state) 911

Fire Department 911

Airport N/A

Agency Contact (EPA, State, Local USCG, etc.) Rose Ellison 313 692 7689

Local Laboratory N/A

PS/Fed. Express _____

Client/EPA Contact Rose Ellison

Site Contact BUD Porter 990 0350 (Beeper)

SITE RESOURCES

Site Emergency Evacuation Alarm Method Verbal

Water Supply Source Site fountains + Restrooms

Telephone Location, Number On Site offices # Unknown

Cellular Phone, if available N/A

Radio N/A

Other _____

EMERGENCY CONTACTS

Dr. Raymond Harbison (Univ. of Florida)	(501) 221-0465 or (904) 462-3277, 3281
Alachua, Florida	(501) 370-8263 (24 hours)
2. Ecology and Environment, Inc., Safety Director	
Paul Jonmaire	(716) 684-8060 (office)
	(716) 655-1260 (home)
3. Laura D. Evans, Regional Safety Coordinator, Chicago	
	(312) 663-9415 (office)
	(708) 898-3853 (home)
4. Jerry Oskvarek, Office Manager, Chicago	
	(312) 775-7040 (home)
5. Tom Kouris, TAT Leader, Chicago	
	(312) 663-9415 (office)
	(219) 924-1341 (home)
6. John Totin, ATATL, Chicago	
	(312) 951-7908 (home)
Tom Spargo, ATATL, Cincinnati	(513) 733-3107 (office)
	(513) 779-6905 (home)
Ann Busher, ATATL, Cleveland	(216) 243-3330 (office)
	(216) 582-5649 (home)
Jennifer Shields, ATATL, Detroit	(313) 946-0900 (office)
Sandra Basham	(313) 522-4478 (home)
	313-379-2080

HS018A(04/02/91)

ADDITIONAL EMERGENCY TELEPHONE NUMBERS

6. National Response Center.....(800) 424-8802
7. Center for Disease Control.....(404) 639-3311
8. U. S. EPA Region V.....(312) 353-2318 (24 hours)
9. U. S. EPA Grosse Ile, MI.....(313) 676-6500
10. Chemtrec.....(800) 424-9300
11. ATSDR.....(404) 639-0615
12. MDNR Envir'l Response, Lansing, MI.....(517) 373-9837

Ecology and Environment, Inc.

- Chicago TAT.....(312) 663-9415
- Cincinnati TAT.....(513) 733-3107
- Cleveland TAT.....(216) 243-3330
- Detroit TAT.....(313) 946-0900

F. EQUIPMENT CHECKLIST

PROTECTIVE GEAR

Level A	No.	Level B	No.
SCBA		SCBA	
SPARE AIR TANKS		SPARE AIR TANKS	
ENCAPSULATING SUIT (Type _____)		PROTECTIVE COVERALL (Type _____)	
SURGICAL GLOVES		RAIN SUIT	
NEOPRENE SAFETY BOOTS		BUTYL APRON	
BOOTIES		SURGICAL GLOVES	
GLOVES (Type _____)		GLOVES (Type _____)	
OUTER WORK GLOVES		OUTER WORK GLOVES	
HARD HAT		NEOPRENE SAFETY BOOTS	
CASCADE SYSTEM		BOOTIES	
1 MINUTE ESCAPE COOLING VEST		HARD HAT WITH FACE SHIELD	
		CASCADE SYSTEM	
		MANIFOLD SYSTEM	
Level C		Level D	
ULTRA-TWIN RESPIRATOR		ULTRA-TWIN RESPIRATOR (Available)	1 ea
POWER AIR PURIFYING RESPIRATOR		CARTRIDGES (Type <u>GMC-H</u>)	1 Box
CARTRIDGES (Type _____)		5-MINUTE ESCAPE MASK (Available)	
5-MINUTE ESCAPE MASK		PROTECTIVE COVERALL (Type <u>Tyvek</u>)	6
PROTECTIVE COVERALL (Type _____)		RAIN SUIT	1 ea
RAIN SUIT		NEOPRENE SAFETY BONDS	
'L APRON		BOOTIES	4 pr
SURGICAL GLOVES		WORK GLOVES	2 pr
GLOVES (Type _____)		HARD HAT WITH FACE SHIELD	1 ea
OUTER WORK GLOVES		SAFETY GLASSES	1 ea
NEOPRENE SAFETY BOOTS			
HARD HAT WITH FACE SHIELD			
BOOTIES			
HARDHAT			

INSTRUMENTATION	No.	DECON EQUIPMENT	No.
OVA		WASH TUBS	
THERMAL DESORBER		BUCKETS	
O2/EXPLOSIMETER W/CAL. KIT		SCRUB BRUSHES	
PHOTOVAC TIP		PRESSURIZED SPRAYER	
HNU (Probe _____)		DETERGENT (Type _____)	
MAGNETOMETER		SOLVENT (Type _____)	
PIPE LOCATOR		PLASTIC SHEETING	
WEATHER STATION		TARPS AND POLES	
DRAEGER PUMP, TUBES _____		TRASH BAGS	
BRUNTON COMPASS		TRASH CANS	
MONITOX CYANIDE		MASKING TAPE	
HEAT STRESS MONITOR		DUCT TAPE	2011
NOISE EQUIPMENT _____		PAPER TOWELS	
PERSONAL SAMPLING PUMPS		FACE MASK	
pit Paper / Meter	1	FACE MASK SANITIZER	
		FOLDING CHAIRS	
		STEP LADDERS	
		DISTILLED WATER	
RADIATION EQUIPMENT			
DOCUMENTATION FORMS			
PORTABLE RATEMETER			
SCALER/RATEMETER		SAMPLING EQUIPMENT	
NaI Probe		8 OZ. BOTTLES	6
ZnS Probe		HALF-GALLON BOTTLES	
GM Pancake Probe		40 ml VOA BOTTLES	
GM Side Window Probe		STRING	
R METER		HAND BAILERS	
ION CHAMBER		THIEVING RODS WITH BULBS	
ALERT DOSIMETER		SPOONS	
OCKET DOSIMETER		KNIVES	
		FILTER PAPER	
FIRST AID EQUIPMENT		PERSONAL SAMPLING PUMP SUPPLIES	
FIRST AID KIT	in car	Travel	1
OXYGEN ADMINISTRATOR			
STRETCHER			
PORTABLE EYE WASH			
BLOOD PRESSURE MONITOR			
FIRE EXTINGUISHER			

ecology and environment, inc.
ON-SITE SAFETY MEETING

Project Ford / Ecurse Creek TDD No.: _____
Date _____ Time _____ PAN No.: _____
Address 17000 Southfield Rd. Allen PK, MI 48101
Specific Location Front entrance / Visitor pkg.
Type of Work PPP Oversight

SAFETY TOPICS PRESENTED

Protective Clothing/Equipment As needed
Chemical Hazards Low Caustic
Radiation Hazards None
Physical Hazards Traffic, splash
Emergency Procedures Depart area meet at north parking
Hospital/Clinic Heritage Telephone _____
Hospital Address _____
Special Equipment _____
Other _____

Checklist

1. Emergency information reviewed? ☒ and made familiar to all team members? ☒
2. Route to nearest hospital driven? ☒ and its location known to all team members? ☒
3. Site safety plan readily available and its location known to all team members? ☒

Meeting shall be attended by all personnel who will be working within the exclusion area. Daily informal update meetings will be held when site tasks and/or conditions change.

ATTENDEES
(Expand on back of sheet if necessary)

Name Printed	Signature
<u>Herbert Lange</u>	<u>[Signature]</u>
<u>James Sugan</u>	<u>[Signature]</u>

Meeting Conducted by: _____ (Print) _____ (Signature)

(Site Safety Coordinator) (Team Leader)